

Patrick Romanell, William Osler, and philosophy in medicine

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ABSTRACT

In 1974, Patrick Romanell (1912–2002) published a paper in the *Bulletin of the New York Academy of Medicine* taking William Osler (1849–1919) to task for dismissing philosophy as a distinguishing feature of the nature of medicine. Osler had expressed this thought in the Silliman Lectures given at Yale in 1913 on the *Evolution of Modern Medicine*. That the nature of medicine is underpinned by an understanding of the nature of man requires that the pedagogy and practice of medicine incorporate not only the empirical science that is the basis for clinical practice, but also the logical and metaphysical concepts of the nature of man. These concepts are informed by the humanities that include history, literature, and the arts. Despite Romanell's critique of Osler's statement, Romanell ultimately corroborates other statements made by Osler in the lecture series, substantiating Osler's deep appreciation for the nature of man and a philosophy of medicine that deserves emulation.

KEYWORDS Patrick Romanell; philosophy in medicine; William Osler

Empiricism, experience, the collection of facts, the evidence of the senses, the avoidance of philosophic speculations, were the distinguishing features of Hippocratic medicine. —William Osler¹

No one can understand the science of medicine unless he knows what man is ... and must first learn such things, as the origin and Nature of man. —Empedocles²

Hippocrates was potentially a greater philosopher than Socrates, because the Hippocratic concept of nature is more inclusive than the Socratic concept of man. —Patrick Romanell²

William Osler (1849–1919) would deny that he was any sort of classical scholar or philosopher. He did so in his last public address given to the Classical Association at Oxford in 1919, saying he was but “an amateur” when confronted with “the thought of addressing [such] a body of experts” and concluding that “in a life of teaching and practice, [he was] a mere picker-up of learning's crumbs made to realize the value of the humanities in science not less than in general culture.”³ Nevertheless, his essays, public addresses, and musings give testimony that he was an astute observer and interpreter of humanity, the human condition, and the nature of man. Patrick Romanell (1912–2002), as described in a tribute to him, “was a wonderfully versatile and cosmopolitan

philosopher” (*Figure 1*). He produced books and manuscripts “on topics ranging from the philosophies of Giovanni Gentile and Benedetto Croce to the influence of medical training on John Locke's empiricism.” He wrote extensively on naturalism, medical ethics, and Mexican culture and was profoundly committed to the American naturalist tradition.⁴ My purpose in this manuscript is to present a brief biographical sketch of Patrick Romanell, to discuss how his concept of critical naturalism may provide for a renewed perspective between the relationship of philosophy and medicine, and to demonstrate how Romanell's critique of Osler gives way to a confirmation of Osler's particular philosophy of medicine.

PATRICK ROMANELL

Patrick Romanell was born in Bari, Italy, in 1912 and moved to the United States, becoming a naturalized citizen as a teenager. He was educated at Brooklyn College (BA) and Columbia University, attaining an MA and PhD in philosophy in 1937. He taught at Brooklyn College (1937–1941), Barnard College (1941), University of Panama (1941–1944), and Wells College (1946–1952) before being recruited by Dean Chauncey Leake (1896–1978) to the

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Figure 1. Patrick Romanell, circa 1974. Courtesy of Tim Madigan, PhD, St. John Fisher College, Rochester, NY.



Figure 2. Patrick Romanell, circa 1990. Courtesy Tim Binga, Patrick Romanell Collection, Center for Inquiry Libraries, Amherst, NY (www.cfi-libraries.org).

University of Texas Medical Branch (UTMB) in 1952 to develop a program in the history and philosophy of medicine. Romanell was a pioneer in the field of medical ethics and was noted by the acclaimed anthropologist Margaret Meade to be “the only known medical philosopher in the Western World.”⁵ After leaving UTMB in 1962, he taught at the University of Oklahoma and the University of Texas in El Paso (Figure 2). He died in 2002.⁴

How Romanell and Leake became acquainted, leading to Romanell’s recruitment to UTMB, makes for an interesting side story as well as contributing to the overall understanding of the relationship of philosophy and medicine. Briefly, Chauncey Leake had a doctorate in pharmacology with wide-ranging interests in philosophy and the history of medicine. He was educated and taught at the University of Wisconsin until 1928 and then moved to San Francisco to establish the Department of Pharmacology for the University of California’s School of Medicine. He was recruited to UTMB as the first and only nonphysician to serve as chief executive officer and dean of the School of Medicine in 1942 until 1955.⁶ In 1944, in an address to the American Association for the Advancement of Science entitled “Ethicogenesis,” subsequently published in *The Scientific Monthly*, Leake argues for a scientific basis for ethics that rejects a philosophically based approach that supports the concept of “moral universals.”⁷ Romanell offered a rebuttal

to Leake’s proposal in a subsequent publication in *The Scientific Monthly* entitled “A Philosopher’s Reply to a Scientist’s Ethic.”⁸ In the paper, Romanell tries to show “that each of the arguments [by Leake] for establishing an ethic on the mere basis of ‘biological evidence’ is subject to serious and relevant criticism.” The rebuttal and subsequent communications between Leake and Romanell generated a mutually admiring relationship that was to continue through the publication of a recapitulation of their respective arguments in a book entitled *Can We Agree: A Scientist and a Philosopher Argue about Ethics* and the subsequent recruitment by Leake of Romanell to develop a program in the philosophy and history of medicine at UTMB in 1952.⁹

WILLIAM OSLER

In 1913, Osler delivered the Silliman Lectures at Yale University on “The Evolution of Modern Medicine.”¹ The lectures were collected and printed and demonstrate the extensiveness of Osler’s knowledge relative to the history of medicine. In these lectures, he touches on a philosophy of medicine and the relationship of philosophy to medicine. In chapter 2 (Hippocrates and Hippocratic Writings), Osler states, “We have seen that the primitive man and in the great civilizations of Egypt and Babylonia, the physician evolved from the priest—in Greece he had a dual origin, philosophy and religion.” Subsequently, Osler goes on to note Plato’s statement, “In the Phaedrus, in reply to a question of Socrates whether the nature of the soul could be known intelligently without knowing the nature of the whole, Phaedrus replies: ‘Hippocrates, the Asclepiad says that the nature, even of the body, can only be understood as a whole.’” Thus, the implication is that the nature of the whole of man may go beyond the physical nature that we can detect.

Osler, however, begins an assault on the philosophic underpinnings of medicine as he notes:

Everywhere [in medicine] one finds a strong, clear common sense, which refuses to be entangled either in theological or philosophical speculations. What Socrates did for philosophy Hippocrates may be said to have done for medicine. As Socrates devoted himself to ethics, and the application of right thinking to good conduct, so Hippocrates insisted upon the practical nature of the art, and in placing its highest good in the benefit of the patient. Empiricism, experience, the collection of facts, the evidence of the senses, the avoidance of philosophical speculations, were the distinguishing features of Hippocratic medicine.

Osler concludes his assault with this final statement:

In the Hippocratic writings is summed up the experience of Greece to the Golden Age of Pericles. Out of philosophy, out of abstract speculation, had come a way of looking at nature for which the physicians were mainly responsible, and which has changed forever men’s views on disease. Medicine broke its leading strings to religion and philosophy—a tottering, though lusty, child whose fortunes we are to follow in these lectures.

Within this same chapter, Osler also seems to present an overarching philosophy of medicine:

I can only indicate, in a very brief way, the special features of the Hippocratic writings that have influenced the evolution of the science and art of medicine. The first is undoubtedly the note of humanity. In his introduction to "The Rise of the Greek Epic," Gilbert Murray emphasizes the idea of service to the community as more deeply rooted in the Greeks than in us. The question they asked about each writer was, "Does he help to make better men?" or "Does he make life a better thing?" Their aim was to be useful, to be helpful, to make better men in the cities, to correct life, "to make gentle the life of the world." In this brief phrase were summed up the aspirations of the Athenians, likewise illuminated in that remarkable saying of Prodicus (fifth century BC), "That which benefits human life is God." ... Everywhere throughout the Hippocratic writings we find this attitude towards life, which has never been better expressed than in the fine phrase, "Where there is love of humanity there will be love of the profession."

ROMANELL'S REBUTTAL TO OSLER'S SEPARATION OF PHILOSOPHY AND MEDICINE

In 1974, Romanell published a paper addressing the question of "the usefulness of speculative philosophy in matters of interest to physicians."² He relates this question back to "Hippocrates and the Hippocratic tradition in medicine." He notes within the Hippocratic corpus the "outright contradictory [nature of the writings] on the function of philosophy in medicine." Romanell states:

On the one hand, we find in one of these writings, *Decorum*, the oft-quoted Hippocratic aphorism exalting the physician imbued with the spirit of philosophy: "The physician who is also a philosopher is divine." But, on the other hand we find in another Hippocratic treatise, *Tradition in Medicine*, the well-known passage attacking those pre-Socratic speculative physicians, such as Empedocles, "who maintain that no one can understand the science of medicine unless he knows what man is; that anyone who proposes to treat men for their illnesses must first learn of such things" as the origin and nature of man.

Romanell goes on to note:

The successors of Hippocrates who have taken this positivistic attack on metaphysics in medicine out of its context—unfortunately—jump to the conclusion that Hippocrates "was the first physician to separate medicine from philosophy." The same widespread opinion was shared by one of his latest and greatest successors, Sir William Osler, who can be called "the Canadian Hippocrates."

Romanell goes on to quote Osler's observations in the "Origins" on the Socratic contributions to philosophy and the avoidance of philosophic speculation as a distinguishing feature of Hippocratic medicine. Romanell then rebuts Osler's observations.

Of the two Periclean heroes in Western culture who are linked together by Osler, I think that he was more perceptive about Socrates than about Hippocrates. Why? Though we do not know too much about the historical Socrates either, it can be said that he symbolizes the great ethical humanist who makes man the proper study of mankind. By contrast, Hippocrates symbolizes the great medical naturalist who makes nature as well as man the proper study of mankind in general, and of the physician in particular. If so, shocking as it may sound to my colleagues in philosophy, it could be argued that Hippocrates, the official hero of medicine, was potentially a greater philosopher than Socrates, the official hero of philosophy, because the Hippocratic concept of nature is more inclusive than the Socratic concept of man.

The whole question as to whether Hippocrates actually did separate medicine from philosophy may be construed simply as a mere verbal matter since it is clear, of course, from the context itself that by philosophy is meant nothing but pure speculation, in other words, poor philosophy.

Romanell concludes:

Philosophy and medicine need each other in order to be fruitful. The ultimate reason for this is that both fields presuppose some general view of man and the human condition. Even if, with Osler, we reduce philosophy to the practical art of living, and medicine to the practical art of healing, we still have to generalize about the nature of the being who is common to both arts and processes: namely, man. Consequently, since speculation is unavoidable anyway, the real and difficult problem is to separate its fertile from its sterile variety.

MOVING TOWARD A RECONCILIATION OF PHILOSOPHY AND CONTEMPORARY MEDICINE

The science of contemporary medicine continues to evolve technology that complicates the interface between humanity and the clinical practitioners who use that technology. As Osler points out, however, there is "art" to the practice of medicine, certainly more so during the period in which he practiced. The dilemmas brought about by today's technology make the "art" of clinical practice even more challenging, as the consequences of available technology make the decisions about when a "natural" life begins and ends and the expectations for a "natural" life difficult to determine. Enter philosophy. Romanell admits that practicing physicians "need not be of philosophical turn of mind to be competent in the art of healing," but a "thorough knowledge of medicine is impossible without a comprehensive knowledge of nature, of which man is an integral part." Even Hippocrates acknowledges it is "indispensable for a doctor to study man and nature in full." Osler used the humanities to value the art of his practice of medicine. Romanell offers that "in the final analysis, all philosophy is general theory of value." Thus, valuing the virtuous, i.e., "that which is excellent or worthy of respect to conduct," is an ongoing task of physicians as they are confronted with the dilemmas posed by an ever-evolving complicated technological world that alters the nature of man and of the world in general. Weighing the ethical dilemmas requires a process that science is unable to fulfill.

Can such skills be taught? Nicole Piemonte in her book, *Afflicted: How Vulnerability Can Heal Medical Education and Practice*, suggests that it can.¹⁰ She argues that the current educational culture promotes such "reductionistic understandings of care, illness, and suffering" that it "virtually ignore[s] the personal development—the self—of students who are becoming doctors." Quoting from Arthur Kleinman's book, *The Illness Narratives*, Piemonte notes that "to care for humans is to be human and to see the limits and failures and also successes of our small humanity."¹¹ Thus, she confirms observations from Hippocrates and Osler of the necessity of understanding the whole of nature, the nature of man and ourselves. How to confer such understanding, Piemonte notes, is best conveyed indirectly from "reading literature and poetry ... to cultivate the moral imagination."

In conclusion, although Osler would deny being a philosopher, his particular skills as an observer of the nature of man supersede a mere empiric (scientific) observation of the biology of man. By understanding the whole nature of man informed by his extensive reading of the humanities and personal experiences, Osler exhibits the virtues of a holistic approach to medicine. Although Osler has come under recent criticism for his all too human frailties and biases, his model for gaining understanding still deserves emulation by contemporary and future generations of physicians.¹² Such an approach seems to corroborate a process that is at once philosophical, as noted by Romanell as involving a “comprehensive dimension of intelligibility which neither the formal nor the material sciences can offer us.”⁹

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